The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

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HALLELUIAH

Another Star Has Risen

Two thousand years ago the shepherds were over-awed by the brilliant star that rose over Bethlehem where the Hope of the World lay swaddled in a manger. Again in twentieth century Palestine a star appeared, a very human star. He, too, preached peace on earth.

The son of a Negro barber, he was born in Detroit, Michigan, but he was something of a carpenter himself, enough at least to help himself through school with the aid of a keen brain that won him many scholarships, — and a **summa cum laude** at the Univeristy of California in Los Angeles, and a doctorate and a professorship at Harvard.

Brave, utterly patient and persuasive enough to placate both Jews and Arabs, he successfully completed the murdered Count Bernadotte's work, the most difficult and delicate mission upon which hung the fate of the new-born United Nations, as well as the safety of countless lives jeopardized by unbridled fanaticism.

Dr. Ralph J. Bunche attained this pinnacle of achievement not without scars hat result from bigotry and prejudice, but he did not swerve in devotion to the country that gave him his opportunities, in enlightening contrast to that other brilliant Negro musician and scholar, Paul Robeson, Sr., who strives to destroy in angry retaliation the land of his birth and of his persecution.

Let us give thanks for God's rich gifts to the world of Americans such as Ralph Bunche, and blame ourselves for mistreatment of fellow citizens that makes a mockery of democratic pretense and furnishes such calorific food for the propaganda machines. As a happy result not only is it true that 'there shall be light'— there is light over the once dark morass of race prejudice in many fields beside international politics, — religion, education, soldiering, even in balloting — and in the practise of medicine where pigmentation should be relegated strictly to the field of histology whether normal or pathological.

As for you and me, like the Evangelist Luke that other physician, we must 'ponder all these things in our hearts'.

S. Q. Lapius

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

This Issue 500 Copies

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HOW MUCH DO I CHARGE?

Ethics to many represents a code of the violation of which is rarely punished.

It would seem that the violations is punishment in itself, for it engenders further disrespect for the code to the detriment of the professed observer of the code.

If it be true that ethical standards are being lowered in the practice of medicine, and I believe they are, it becomes apparent, likewise, to the public which judges by comparing pre-existing experiences with their present treatment.

The public has become inflamed against profiteering in any field and detecting it in the field of medicine, they fight back with a convenient weapon—state medicine. True, this weapon will back-fire on the patient, but this is not the primary reason many doctors oppose it. It is the buckshot that they will receive that they dread most.

Formerly, doctors were paid mostly in respect — less in cash. Due to some doctors, the reverse is now true.

In parts of Europe, the poor tip their hats to the doctor and for a while they do the same on reaching this country.

This lust for money was not taught in medical school where three quarters of your tuition was really paid for by the school. Professors who taught you up to the day you first practiced charge no more and probably much less than you do. Have you so soon surpassed them?

Let us forget salesmanship and realize that you are in a trusted profession which has yet had no governmental restrictions or knowledge by the patient as to what you should charge.

Let us consider the family of the patient — his needs as compared with the needs of yours. If this is done, life savings will not be wiped away, nor will the trip to the loan shark be necessary.

Blue Shield has voiced itself on the subject. Their fee rates compared with many charges represent no more than a down payment.

If money must be your goal, then work longer and harder — but this is not necessary if you will accept respect as part payment.

Let's be leaders in the right direction.

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OUTSTANDING MEETING

It was a pleasure to hear Bishop Weldon at the joint meeting of the Hampden District Medical Society and our Women's Auxiliary on October 31st. His speech was really a call to arms against the apathy towards the dangers which threaten us today. We are ready to go out and deal with the destructiveness of the atomic bomb when used against us, but we lack the moral force to rule it out as a weapon, "It is not a matter of blaming Russia entirely for the situation which we face today", said the Bishop. "It is our world as well as theirs. We are farther advanced in the love of truth. We see how their minds are blinded, and how their hearts are generating the wrong kind of power". He warned that totalitarianism is just around the corner, waiting for a chance to sneak in while we are engaged in our own petty affairs. "The destruction wrought by the atom bomb is spectacular", continued Bishop Weldon, "but it can do no more to the individual than could the bow and arrow or the first pistol. The great challenge which faces us today is to develop the atom so that it will serve mankind rather than to destroy us." The Bishop reminded us of the heroic struggles against almost insuperable odds which the colonists survived only because they had a common belief a unity of purpose, which they never lost sight of. Our unity of purpose is to keep totalitarianism out and the surest way is by following Bishop Weldon's recipe, "Take time out for straight thinking."

E. C. D.

COSTS AND MORE COSTS

It is said in the Book of Books, that a man's worst enemies are those in his own household. We doctors must all view with alarm the steadily rising costs of hospitalization. We have a grave responsibility in this matter, for our patients depend upon us to keep the costs of illness as low as possible. We hear some hair-raising tales of hospital costs in Boston, and right here at home the situation is getting worse. It makes one wonder how long the Blue Cross can stand it, or how anyone not eligible for Blue Cross can afford to go to a hospital. It makes one wonder also whether the hospital costs may not prove the straw which will lose us the fight against socialized medicine. It would seem that some of the costs might be reduced by ordering fewer laboratory tests, using less expensive drugs, and saving frequent injections by longer acting antibiotics. In the wealth of therapeutic methods and laboratory analysis, **vis medicatrix naturae** is too often forgotten. Many of our patients might recover quite as quickly with less outlay.

The well intended recent federal ruling based on Oscar Ewing's interpretation of the way that prescriptions may not be refilled except by permission of physicians is another factor and not only irritates patients, but may well further increase medical costs.

Here is a good example of what government in medicine would mean—namely, in order to gain the desired end, that is, control of habit-forming drugs, no prescriptions can be filled without permission. The druggists are not taking it lying down, we are glad to report, they plan to bring up a test case.

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EMERGENCY MEDICAL COMMITTEE

At the request of the Executive Committee in May of 1950 the Emergency Medical Committee was authorized to proceed with the tentative plan of setting up a system for the care of emergency medical calls.

It was decided by the Committee that the area for the Springfield community should include Springfield, West Springfield, Agawam, Indian Orchard, Feeding Hills, and Longmeadow. It was felt that each community should work out its own details.

As regards the Springfield area the following plan was thought to be advisable. A central number, 7-2702, was to be tagged as the Emergency Medical number. All emergency medical calls would be shunted into this number.

Personnel in the medical field would be able to handle many of the situations as they arose much more efficiently than untrained personnel not familiar with medical problems. Therefore, one of the telephone answering bureaus for physicians was approached to take this on an experimental basis to try to see if some plan could be worked out.

A questionnaire was then sent out to all members of the Hampden County Medical Society and to other physicians not belonging to the Society. The total number of cards sent out to doctors was 457. 239 of these cards were returned. The total number that accepted the plan was 88. In the Springfield area 63 accepted. Of these 63 there were 46 general practitioners and 17 were in a specialty practice. Total number of doctors who accepted outside of the Springfield area was 25. Total not accepted was 151.

It was felt that the plan was to go into effect on November 1, 1950. On October 31 a report was released to the Springfield Union which appeared in the morning paper. A very satisfactory public response to this service was immediately apparent. It is the hope of the Committee that after a period of six to eight weeks the information gathered from the operating of such a service will be gone over rather carefully and certain deductions will be drawn.

At that time the Committee hopes to release another report to the newspaper and to the Society. The newspapers have been very anxious about obtaining any interesting details regarding the service. Space in the physician's section of the classified section of the telephone book has been set aside for the public in facilitating access to the telephone number. It is our intention to keep this service before the public at frequent intervals.

Dr. Joseph M. Baker, Chairman
Dr. Rosewell G. Mace
Dr. Theodore R. Miner

TO MEMBERS OF H. D. M. S.

One of our greatest needs at the present time from a public relations point of view is a well organized Speakers Bureau.

Dr. Conlin's office has been handling speaking engagements up to the present. He is of the opinion that this should be handled by the district society.

Each district, under the Public Relations Chairman, will organize its own Speaker's Bureau, maintaining a current file of available speakers and their subjects. These names, address, and subject will be kept on file cards, a copy which will be forwarded to Mr. Everett R. Spencer, Jr., at the Massachusetts Medical Society, 8 The Fenway.

Won't you co-operate and volunteer? This will enable us to organize this Bureau.

Drop a post card or telephone call to your Public Relations Chairman.

A. H. Riordan
Public Relations Chairman

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HOSPITAL STANDARDS

Since the responsibility for hospital standards, relinguished by the College of Surgeons, was assumed by the American Hospital Association, there has been conjecture as to future effects.

We should not anticipate a lowering of the excellent example laid down by the College of Surgeons which is now free to bend its efforts in more pertinent directions.

To those who object to this change, one might ask how the College of Surgeons acquired this assignment which proved to be broader in scope than the field of surgery.

At the time, the hospital association was not equal to the job, but with the steady improvement in administrator training, one should not fear the future.

"Our" hospitals are run by the trustees and the ultimate responsibility rests with them.

Physicians should expect team work from which proper medical facilities result. It is not the physicians' hospital — it is not the trustees' hospital — it is the community's hospital.

Individualistic as we are, we are apt to become possessive and this applies to trustees, administrator and medical staff alike. Trustees and doctors because of other demands are apt to neglect their responsibilities.

A well trained, full time administrator like everyone else may overstep the bounds.

Mutual respect is essential for team work and the trustees or medical staff that fail to discharge their duties individually should resign rather than let such a situation obtain.

Mutual respect and team work are difficult, unless one is on speaking terms with and has the confidence of ones team mate.

Such familiarity is never out of place when better care of the sick is the primary objective.

We need not fear the hospital association supervision for it is inconceivable that these administrators will try to standardize hospital procedure without consulting the American College of Surgeons and Physicians on matters in their province. This would be too much like directing an individual hospital without consulting trustees or medical staff, and this isn't being done.

(Editor's Note) Since this article was written, it has been learned that the American College of Surgeons has reconsidered their decision to give up the task of hospital supervision. The why's and wherefore should be of interest to us all.

CONTINUE THE HIPPOCRAT?

Returns from 384 return postal cards regarding the future of the Hippocrat brought forth 144 replies.

No—5. No opinion—1. No please—1. All others were favorable.

Two wanted more local color, one more news, one more news and less propoganda, one more simplified articles. Several took time out for appreciative comments. A very few only wanted the paper sent to their home. We do hope the distaff side sees the auxiliary notes however.

Out of 388, there were 244 who did not take time out to send back the card. But it was ever thus and perhaps a 40% return is as much as could be expected.

We have increased the advertising income starting with the November (fall) issue. The paper now used is more costly and the printing somewhat increased. We do hope that consideration is given to our advertisers. Also we again challenge any number to write an article, letter, critical or otherwise for publication. Your board is certain that in our fight for survival no effort — even the Hippocrat — is supercargo.

"Craw"

Surgical Supply Company
22 Railroad Street Holyoke

SELECTION

Editor of The Hippocrat:

The Medical Advisory Committee to Selective Service wishes to acquaint the society with the situation as it exists at present in regard to the call up of doctors for the armed forces. All instructions have not yet been received, and the situation could be radically changed by the international situation, so the following information must be considered tentative.

The Committee itself has no authority. All authority rests with the Selective Service. The function of the Committee will be solely to gather information and advise on request of the draft board on an individual doctor. At present, the Committee has been instructed by the State Society to take no official action, so it has limited itself to gathering of information.

All doctors up to the age of fifty-one will be required to register before January 16, except those holding reserve commissions. It would seem advisable for all individuals to start making their plans. So far, neither the Navy nor the Air Force has called on Selective Service for doctors. Some are being called by the Army. In all groups, the youngest will be called first, and at present the call is limited to non-veterans of the war, with less than twenty-one month's duty. The immediate problem is principally "the orderly withdrawal of internes and residents". Reserve commissions are offered at the time of the pre-induction physical examination. If refused, the doctor can be inducted as a private, and apply later for a commission, but he would not get the special $100.00 a month. Deferments will be granted only on the basis of "extreme hardship", or on being "essential to the community". At the present time, the Selective Service does not recommend the completion of interneship or residency. Men who hold commissions in the reserve are allowed to complete twelve months internship or if in the senior year of residency, will be allowed to complete that. It is now possible to apply for a reserve commission without at the same time applying for active duty now.

It is possible to apply for a reserve commission to and including the receipt of pre-induction physical examination, but not later. The same applies to a request for deferment. The Advisory Committee can act only prior to the issuance of an order for induction. The Selective Service will allow time for consideration if it is requested. It would seem that the time has now come when all institutions should prepare their list of essential men, regarding both the resident staff and the visiting staff. It is probably better to prepare this list as a list of positions rather than names, and consider individuals as they are called up or as they apply for consideration. If this is not done, it is possible that the resident staff or some portion of the visiting staff may be radically depleted. Again, it should be emphasized that no request for deferment can be considered after the individual's orders have been issued.

James L. Smead, M. D.

HEART MEETING

The Wesson Hospital group of the Massachusetts Heart Association will be hosts to members and all others interested at the Woman's Club 43 Spring Street, Springfield, on Monday evening, January 29th at 8:15 o'clock.

Dr. Howard B. Sprague, president of the American Heart Association, will be the speaker. He is Chief of Staff at the House of the Good Samaritan and clinical associate in medicine at Harvard Medical School. His subject will be "The Heart Disease Problem in 1951".

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CARDIOGRAPHICS

The following have agreed to cooperate in this refresher program on cardiovascular diseases for physicians in this area to be held Friday morning from 10-12 at the Academy of Medicine Rooms in the Women's Club Building at 43 Spring St.:

CARDIO VASCULAR DISEASE

Physicians	Subject	Date of Speech
1. Dr. Jacob Weisman	Laboratory aids in the diagnosis of heart disease (excluding electro-cardiograms and fluoroscopy).	January 5, 1951
2. Dr. Allen Johnson	Congestive heart failure.	Januray 5, 1951
3. Dr. Max Millman	Hypertensive cardiovascular disease. 40 minutes.	January 12, 1951
4. Dr. G. Burton Appleford	Salt and water metabolic concepts and their application in the use of diuretics. ½ hour.	January 12, 1951
5. Dr. Lawrence Chapin	Coronary artery thrombosis with myocardial infarction. 40 minutes.	January 12, 1951
6. Dr. George C. Steele	Congenital vascular rings producing circulatory symptoms. ½ hour.	January 19, 1951
7. Dr. H. Collier Wright	Heart disease in pregnancy. ½ hour.	January 19, 1951
8. Dr. Horace Pease	Neuro-circulatory aesthenia. ½ hour.	January, 19 1951
9. Dr. James Smead	Peripheral vascular disease. ½ hour.	February 2, 1951
10. Dr. Roderick Macauly	Pericardial disease. 40 minutes.	February 2, 1951
11. Dr. Hugh Tatlock	Pulmonary heart disease. 40 minutes.	February 2, 1951
12. Dr. William Coen	Rheumatic heart disease.	February 9, 1951
13. Dr. Howard Simpson	Heart in thyroid disease.	February 9, 1951

These talks are scheduled for 55 minutes beginning at 10 a. m. with a 10 minute interval between, except as noted.

Physicians, House Officers and nurses are invited.

Dr. George L. Steele, M. D., Chairman of Program Committee.

SECURITY?

In case Fact Sheets No. 3 and No. 8 from the Federal Security Agency, specifically the Bureau of Old Age and Survivors Insurance, explaining the new Social Security law as of 1951, already has reached the waste basket along with the gorgeous colored come-ons and the usual plethora of pharmaceutical blotters, we remind you you must report to the Federal Collector of Internal Revenue on the employment of maids, cooks, laundresses, butlers, gardeners, practical nurses and certain other workers in private homes in your employ just as you do with your secretaries and technicians.

You will be taxed until the end of 1953 1½% for yourself and for each employee, that qualifies; and 3¼% after 1969.

But don't forget to refund the tax you have withheld to whatever employee leaves your employ before working 24 definite days in a calendar quarter! In that instance you need not report. With the recruitment of domestic so-called workers, numbering 8,000,000 to 10,000,000 with their families, 45,000,000 or three-quarters of the nations's paid help will be on the rolls of our social state and we, idiotically, by our earnest efforts still extend the life expectancy more and more, year by year. What will the great White Father do when the conquest of cancer and heart disease over balances the number of workers with legions of Federal Old Age pensioners? You will probably 'grow old along with me'!

Returning to our premise, it would be well if you went back to your waste basket to search for Fact Sheets No. 3 and No. 8. Oscar Ewing may be too busy lamblasting the profession collectively to tend to your personal requests for information.

RICE KRISPIES

The meeting of the American Medical Association in San Francisco last June was one of the best ever. The local committee of arrangements and the denizens of that city of hills outdid themselves. Only three cities, New York, Atlantic City, and San Francisco now have facilities in the way of auditoriums to accommodate the commercial as well as the scientific exhibits, and the hotels to house the horde of visiting doctors.

Official headquarters were in the Palace Hotel. Everything else was assigned to buildings grouped around Civic Center, about a mile from the Palace Hotel, easily and quickly reached by bus and taxi. There is the tremendous auditorium, its ground floor filled with hundreds of commercial and scientific exhibits. Not the least interesting of these was a small microscope invented by a man from Massachusetts. It is cubical in shape, about five by three by three inches, and weighs less then two pounds. Despite its minature size the magnification of its high power lens is clear and precise. On the second floor are some ten or twelve well appointed conference rooms where section meetings were constantly going on.

Surrounding the central park of Civic Center, besides the auditorium, are a large high school built in a hallow square around a spacious court; the Masonic Temple, a magnificent edifice; and less than a block away the Veterans Administration. In these buildings, each with a big auditorium, were held the general scientific meetings nearly every one of which had an appeal for the general practitioner. In the basement of the Masonic Temple colored television of operations going at near-by hospitals was in continuous performance.

The meeting of the House of Delegates were attended as never before. Except during an occasional executive session all fellows welcomed as observers to the meetings of this medical house of representatives. They are seldom uninteresting, sometimes are spicy. Now and then an unexpected burst of oratory from an aroused delegate enlivens debate on questions of policy which is perhaps the chief concern of the House of Delegates.

The Grass Roots Conference, a "baby" of the Board of Trustees, is a gathering of district secretaries from all over the country, and continues to be lively and well worth attending. Members report and freely discuss ideas on ways and means of solving local problems, and often thereby produce the spring boards for programs which can be recommended to all district societies. Last June the main topic was Health Councils, why some succeed and others fail. The complete report of this year's Grass Roots Conference has been deposited in the library of the Academy of Medicine. It can be read with profit by all interested physicians.

The next annual meeting of the American Medical Association will be held in New York; following that in Atlantic City. Thereafter it might well be considered to alternate annual meetings between San Francisco and Atlantic City, the two places best adapted for the purpose, one in the east, the other in the far west, both with delightful attractions which add greatly to the enjoyment of attending doctors.

A. G. R., Sec.

Harris Pharmacy

139 Chestnut Street

Springfield **Massachusetts**

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